

U. S. No. 2
50M-5-42
Rev. 5-17-39
X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17345**
Registrar's No. **133**

FILED JUN 12 1948
Registration District No. **88**

Primary Registration District No. **3006**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Boone**
(b) City or town **Columbia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **no**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **24 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Archie Maxwell

3. (b) If veteran, name war **X**

3. (c) Social Security No. **X**

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Della Long** 6. (c) Age of husband or wife if alive **Dead** years
7. Birth date of deceased **Nov 25 1854**
(Month) (Day) (Year)

8. AGE: Years **88** Months **5** Days **28** If less than one day hr. min.

9. Birthplace **Howard Co Mo D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer - Retired**

11. Industry or business **" "**

MOTHER FATHER { 12. Name **Bazeel Maxwell**
13. Birthplace **Madison Co Ky**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Geery**
15. Birthplace **Howard Co Mo D**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. A. Maxwell PreArrangement**
(b) Address **and Informant**

17. (a) **Burial** (b) Date thereof **May 25-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cem**

18. (a) Signature of funeral director **R. Currier**

(b) Address **Columbia**

19. (a) **5-26-43** (b) **Edna H. Barber**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**
(c) City or town **Columbia**
(If outside city or town limits, write "RURAL")
(d) Street No. **19 Edgewood** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23rd**
year **1943** hour **9:30** minute **P** M.

21. I hereby certify that I attended the deceased from **was called to me**
that I last saw him **alive on** after death
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**
Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **E. D. B. Skitt** (M. D. or other) **MD**
Address **Columbia** Date signed **5/25/43**

1250

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

3183

Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.